Acamprosate Improves Impulse Control Disorders in Parkinson’s Disease

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METHODS

Patient 1

72 year-old male with PD for 10 years, treated with rotigotine and levodopa.

In the previous year, he had developed purging behaviors (cleaning/tidying up, sorting and filing papers, repairing and dismantling household tools), increased demands for sex, impulsive shopping (tools and gadgets despite lack of need), and increased urges to urinate.

At baseline, he had elevated scores on SOGS, YBOCS-SV, and YBOCS-BE.

Treatment with acamprosate was associated with reduction in time spent on purging behaviors and decreased irritability associated with purging, decreased demands for sex, and less craving for sweets.

Patient 2

46 year-old female newly diagnosed with PD and treated with acamprosate.

Developed excessive eating (mostly sweet foods), craving for sweets, and compulsive shopping within 3 months.

Shopping improved after changing ropinirole to levodopa, but binge eating and sweet craving persisted.

At baseline, she had elevated scores on YBOCS-SV and CQ.

Treatment with acamprosate was associated with better mental control over eating and sweet craving, and an 11-lb. weight loss.

Patient 3

58 year-old male with PD for 6 years, treated with pramipexole.

Since developing PD, he had developed increased sexual thoughts and desires that were straining his marriage.

At baseline, he had an elevated SCS score.

No subjective changes noted with acamprosate.

Patient 4

68 year-old male with PD for 2 years, treated with pramipexole.

In the last year, he reported the insidious onset of increased desires to go gambling, increased desire for sweets, and eating past feelings of satiety, associated with a 33-lb. weight gain.

At baseline, he had elevated scores on SOGS, YBOCS-SV, and YBOCS-BE.

Treatment with acamprosate was associated with feelings of better control over gambling and eating, but no weight loss.

RESULTS

I. Objective: To describe the effects of treatment with acamprosate on ICD in two patients with Parkinson’s disease (PD), in whom reduction or discontinuation of dopaminergic therapy did not result in improvements.

Conclusions: Impulse control disorders (ICD) in PD are under-recognized and may improve with treatment. Patients treated with acamprosate showed improvements in ICD behaviors without the need for reduction in dopaminergic medications. A larger, open-label treatment protocol of acamprosate in ICD is underway at our center, with 8 patients enrolled.

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BACKGROUND

Impulse control disorders (ICD) are increasingly recognized amongst patients with Parkinson’s disease (PD), and are often associated with use of dopamine agonist (DA) medications. ICD include:

- Purging
- Pathologic gambling
- Shopping
- Computer/internet use
- Hypersexuality
- Binge Eating
- Craving for sweets
- Hedonistic homeostatic dysregulation

No definitive treatment for ICDs exists. Case reports in PD patients have suggested efficacy of psychotropic medications, but most ICDs improve with reduction in or discontinuation of the DA or other dopaminergic medication. This may occur at the expense of worsening parkinsonian symptoms, or incur the need for initiating or increasing levodopa therapy.

Acamprosate (CampR®; Forest Laboratories, Inc.) is a medication approved for the maintenance of abstinence from alcohol in patients with alcoholic dependence who have achieved sobriety. It has been shown to reduce the craving for alcohol, which may share pathophysiologic mechanisms with ICD and craving for sweets in PD.

Here we seek to describe the effects of treatment with acamprosate on ICD in patients with Parkinson’s disease.

REFERENCES